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PTO/SB/05 (12/97)

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UTILITY

PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	138257SV/YOD GEMS:0252	Total Pages	32
First Named Inventor or Application Identifier			U.S.P.T.O.
David Matthew Deaven			10/722725
Express Mail Label No.	EV 410 034 035 US		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Commissioner for Patents <small>Mail Stop Patent Application, P.O. Box 1450 Alexandria, VA 22313-1450</small>	
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification <u>Total Pages 16</u> <small>(preferred arrangement set forth below)</small>	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>		
-Descriptive	a. <input type="checkbox"/> Computer Readable Copy		
-Cross References to Related Application	b. <input type="checkbox"/> Paper Copy (identical to computer copy)		
-Statement Regarding Fed sponsored R & D	c. <input type="checkbox"/> Statement verifying identity of above copies		
-Reference to Microfiche Appendix			
-Background of the Invention			
-Brief Summary of the Invention			
-Brief Description of the Drawings (if filed)			
-Detailed Description			
-Claim(s)			
-Abstract of the Disclosure			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <u>Total Sheets 2</u> <u>Total Pages 6</u>	8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
4. Oath or Declaration	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(where there is an assignee)</small>		
a. <input checked="" type="checkbox"/> Newly executed (original or copy)			
b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small>			
<i>[Note Box 5 below]</i>			
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>			
5. <input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	10. <input type="checkbox"/> English Translation Document <small>(if applicable)</small>		
	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
	12. <input type="checkbox"/> Preliminary Amendment		
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)		
	14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) <input type="checkbox"/> Status still proper and desired		
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>		
	16. <input type="checkbox"/> Other		
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: /			

18. CORRESPONDENCE ADDRESS

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FEE TRANSMITTAL

		Complete if Known			
		Application Number		unassigned	
		Filing Date		herewith	
		First Named Inventor		Glyn C. Livermore	
		Group Art Unit		unknown	
		Examiner Name		unknown	
TOTAL AMOUNT OF PAYMENT	(\$)	914.00		Attorney Docket Number	136846SV/YOD (GEMS:0246)

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <u>50-2402/136846SV/YOD (GEMS:0246)</u> Deposit Account Name GE Medical Systems				3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)				Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
				105	130	205	65
				127	50	227	25
				139	130	139	130
				147	2,520	147	2,520
				112	920*	112	920*
				113	1,840*	113	1,840*
				115	110	215	55
				116	400	216	200
				117	950	217	475
				118	1,570	218	755
				119	310	219	155
				120	310	220	155
				121	270	221	135
				138	1,510	138	1,510
				140	110	240	55
				141	1,320	241	660
				142	1,320	242	660
				143	450	243	225
				144	670	244	335
				122	130	122	130
				123	50	123	50
				126	240	126	240
				581	40	581	40
				146	790	246	395
				149	790	249	395
				Other fee (specify)		—	
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				SUBTOTAL (3)		(\$ 40.00)	
* Reduced by Basic Filing Fee Paid							

SUBMITTED BY				Complete (if applicable)			
Typed or Printed Name	<u>John M. Rariden</u>			Reg. Number	54,388		
Signature	<u>John M. Rariden</u>			Date	November 25, 2003	Deposit Acct. User ID	50-2402/136846SV/YOD (GEMS:0246)